



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Public Health

Steven L. Beshear
Governor

275 East Main Street, HS2W-D
Frankfort, Kentucky 40621
Phone (502) 564-3827
Fax (502) 696-3885

Audrey Tayse Haynes
Secretary

October 19, 2015

Dear WIC Coordinators:

The WIC Program has updated the WIC and Nutrition Manual for 2015-2016. The WIC and Nutrition Manual contains the policies and procedures to conduct operations for the WIC Program, Breastfeeding Peer Counselor Program, Community Nutrition and Medical Nutrition Therapy and the WIC Farmer's Market Nutrition Program. This update has been approved by the Regional Office of the Food and Nutrition Services for Kentucky operations. Attached to this letter are revision coversheets which outline the changes to the sections.

The updated Manual is located at <http://chfs.ky.gov/dph/WIC+and+Nutrition+Manual.htm>. You may download the Manual from this site or bookmark it for further reference.

The updates contained in the WIC and Nutrition Manual are effective November 1, 2015. The Clinical Nutrition section has been renamed the Clinical Nutrition and Breastfeeding Support section. The information regarding breast pumps has been clarified and expanded. A training will be provided on this portion of the Manual later this year. A section has been added that is labeled as financial. This section contains coding instructions for the WIC Program and the Breastfeeding Peer Counselor Program. The information contained in this section is not new information and has been transmitted previously via memos.

We wish to acknowledge the invaluable assistance of the multi-disciplinary Nutrition Workgroup, the Breastfeeding Regional Coordinators and the Breastfeeding Peer Counselor Supervisors in updating this Manual.

If you have any questions regarding the manual, please contact the Program at 502-564-3827.

Sincerely,

Fran Hawkins, MS, RD, LD
Manager
Nutrition Services Branch
Attachments

cc: Local Health Department Directors
WIC Sites
Breastfeeding Peer Counselor Supervisors

WIC and Nutrition Manual Revision Coversheet

A. Please use a separate form for each section or form/teaching sheet.	
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<input checked="" type="checkbox"/> WIC Certification and Management	<input type="checkbox"/> Breastfeeding Peer Counselor Program
<input type="checkbox"/> Food Delivery/Data Section	<input type="checkbox"/> Vendor Management
<input type="checkbox"/> Clinical Nutrition	<input type="checkbox"/> WIC Farmers Market Nutrition Program
<input type="checkbox"/> Community Nutrition and MNT	<input type="checkbox"/> Breastfeeding Regional Coordinator
<input type="checkbox"/> Financial	
WIC and Nutrition Manual Contact: Fran Hawkins	
WIC and Nutrition Section Contact: Rhonda Goff/Rita Hatcher	
Changes in coding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
New abbreviations: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, list new abbreviations:	
Are other forms/ references affected by changes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate:	
Branch Manager Signature:	Date:
Division Director Signature:	Date:
B. State the justification for the revisions and a list of the revisions including page number(s). This information will be provided to Local Health Departments.	
Page #	Revision
Page 2	Update Table of Contents numbering and verify page numbers are correct.
Page 3	#4 - LHD should be LHO
Page 3	#6 – Remove Volume I
Page 4	-# 22 LHD should be LHO
Page 6	Change #6 to: A procedure must be developed in place to ensure a conflict of interest does not exist when providing WIC services to employees, and relatives and household members. The procedure must include a tracking method to document individuals who may pose a conflict of interest
Page 7	Appointments should be scheduled for WIC services, i.e., certification, food benefit issuance and nutrition education counseling. If appointments are not routinely scheduled, a policy and procedure must be in place to assure that appointments are scheduled for employed applicants/participants/caretakers to minimize time absent from work. Participants should leave clinic with an appointment for the next service. Patients that “walk-in” without an appointment should be seen if possible.
Page 7	#4- LHD Operations should be Local Health Operations
Page 7	#7—Remove: Refer to Food/Delivery/Data, Screens, Household Record.
Page 8	D, #3 – Change to: 3. Food benefit pick-up appointments must be scheduled prior to the last valid date of benefit issuance to prevent the participant from being without valid food instruments.
Page 10	#8-LHD Operations should be Local Health Operations
Page 13	#6-change Food Stamps to SNAP
Page 19	-#10-Verification of current Medicaid Presumptive Eligibility by the health care provider that determined it. This has changed and will be verified by kynect.
Page 23	Insert updated WIC Income Eligibility Guidelines #2- delete home in last sentence. (home, hospital, etc.)
Page 51	#6- “Mailing Food Instruments” should be Mailing/Uploading Benefits.
Page 61	Change #6 to: To be valid, the VOC must contain, at a minimum, the name of the participant and the beginning and ending dates of the certification period, name and address of agency, and there must be eligibility remaining. If the VOC is determined to be invalid, the transferring site may be contacted for necessary information. If information cannot be obtained, the person must be screened as a new
Page 61	

WIC and Nutrition Manual Revision Coversheet

	applicant in the receiving site.
Page 63	#6 (d) Mailing Food Instruments should be Mailing/Uploading Benefits.
Page 64	#13-second bullet—Is there a PSRS daily missed appointment list (report 865)?
Page 66	#10—Is PSRS with Bridge
Page 68	#15-(g)—or the individual's home—this needs to be deleted
Page 68	#2 (f)- AR, Section 1 : General Information is no longer in AR.
Page 68	C(d)—delete since form had been eliminated.
	3. An agency/site may develop an advertisement on Social Media, i.e Facebook, Twitter, Local Agency Website. Developed materials for WIC must include the required non-discrimination statement. Refer to the Administrative Reference, SECTION: PERSONNEL, "CIVIL RIGHTS ACT OF 1964." and Refer to CIO-061 Social Media Policy from the Office of the Chief Information Officer Enterprise Policy.
	a. A suggestion is for the WIC Coordinator to develop a rapport with Social Media administrators in their area, and alert them about formula and products advertised for sale on their site that may potentially have been purchased with WIC funds, and if so, is a program violation.
Page 70	B #1 (b) (2)- Change to read " Provide a WIC-54 When a child reaches age five (5), a postpartum woman reaches six (6) months postpartum, a breastfeeding woman discontinues breastfeeding and does not qualify as a postpartum woman, or a breastfeeding woman's infant reaches age one (1). He/she is no longer eligible for the WIC Program.
Page 73	C #1 – add letter f Posting a WIC issued breast pump for sale in print or online, or allowing someone else to do so.
Page 76	#1 add as last sentence A needs assessment must be conducted and submitted to the State WIC Office for review and approval.
Page 79	Delete #4
Page 80	Add the following as the last sentence in the beginning paragraph: A needs assessment must be conducted to evaluate, at a minimum, the following: number of persons to be served, services to be provided, staffing, budget, and equipment needs.
Page 82	#1-change 30 days to 90 days
Page 85	Ordering instruction screen capture is updated.
Page 86	List of forms at pamphlet library is updated.
Page 90	WIC Helps - change if we have the revised pamphlet available. WIC-RF Referral Form - this referral form has been eliminated.
C. INTERIM REVISIONS are revisions due to federal regulation or policy changes, have clinical or billing significance, are necessary for LHD operations, and have an implementation date outside of regularly scheduled revisions.	
<input type="checkbox"/> Check here if this is an interim revision, and complete boxes A and B above. State implementation date: _____	
Commissioner's Office Deputy Commissioner Signature: _____ Date: _____	

WIC and Nutrition Manual revisions are sent to the Local Health Departments (LHDs) annually.

WIC and Nutrition Manual Revision Coversheet

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A. Please use a separate form for each section or form/teaching sheet.	
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WIC and Nutrition Section:	
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<input type="checkbox"/> Food Delivery/Data Section	<input type="checkbox"/> Vendor Management
<input checked="" type="checkbox"/> Clinical Nutrition & Breastfeeding Support	<input type="checkbox"/> WIC Farmers Market Nutrition Program
<input type="checkbox"/> Community Nutrition and MNT	<input type="checkbox"/> Breastfeeding Regional Coordinator
<input type="checkbox"/> Financial	
WIC and Nutrition Manual Contact: Fran Hawkins	
A. State the justification for the revisions and a list of the revisions including page number(s). This information will be provided to Local Health Departments.	
Page #	Revision
1	Updated name to reflect Breastfeeding Support component
2	Updated Table of Contents
10-19	Updated WIC Certification Forms to reflect new FNS Risk Code Definitions
20	Updated Nutrition Risk Code by Status and Priority to reflect new FNS Risk Code Priority for 601 & 602
21-23	Updated WIC Certification Nutrition Counseling Procedures and Protocol
28	Added information regarding Blood Lead Levels and Breastfeeding
30	Updated Nutritional Risk Criteria Codes for Referrals
31-33	Updated WIC Follow Up Nutrition Education Guidelines
38	Added information on Online Follow-Up Nutrition Education Counseling
45	Updated Reference Materials for Certification and Follow-Up Counseling
49-50	Updated Formula Names
53-56	Updated Food Package Descriptions with new CVB amounts for women
57-63	Updated the Food Package Assessment/Selection/Counseling
67-72	Updated Medical Necessity Forms
73-74	Updated Names of Formula and WIC Nutritionals
77-105	Updated Food Package Tables with Names of Formula and WIC Nutritionals and new CVB amounts for women
110-111	Updated Policies and Procedures for Providing Breast Pumps
112	Added Breast Pump Decision Tree
113	Updated Counseling For Breast Pump Issuance
114	Updated Policies on Issuing Manual and Single User Electric Breast Pumps
117-118	Updated Breast Pump Assessment Checklist for Manual and Single User Pumps
119-120	Updated Single User Electric Breast Pump Agreement
121-122	Updated Instructions for Completing Manual and Single User Electric Breast Pump Logs
124-125	Updated Policies on Loaning and Renting Hospital Grade Electric Breast Pumps
126-127	Updated Hospital Grade Loaner Electric Breast Pump Agreement
128	Updated Breast Pump Assessment Checklist for Hospital Grade Pumps
129	Updated Hospital Grade Loaner Electric Breast Pump Tracking Log Instructions
131	Added Sample Breast Pump Retrieval Letter for Hospital Grade Pumps
132	Upgraded Procedures to Rent a Hospital Grade Breast Pump
132	Updated Specification of Breast Pumps to clarify Local Agency purchases and State Agency Purchases
136	Updated Instructions for Completing Breastfeeding Management/Checklist for Nipple Shields
B. INTERIM REVISIONS are revisions due to federal regulation or policy changes, have clinical or billing significance, are necessary for LHD operations, and have an implementation date outside of regularly scheduled revisions.	

WIC and Nutrition Manual Revision Coversheet

<input type="checkbox"/> Check here if this is an interim revision, and complete boxes A and B above. State implementation date: _____	
WIC and Nutrition Section Contact: Nicole Nicholas	
Changes in coding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
New abbreviations: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, list new abbreviations:	
Are other forms/ references affected by changes? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, please indicate:</i>	
Branch Manager Signature:	Date:
Division Director Signature:	Date:

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WIC and Nutrition Manual Contact: Fran Hawkins	
WIC and Nutrition Section Contact: Nicole Nicholas	
Changes in coding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
New abbreviations: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, list new abbreviations:	
Are other forms/ references affected by changes? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please indicate:</i> Core Clinical Service Guide WIC Section	
Branch Manager Signature:	Date:
Division Director Signature:	Date:
B. State the justification for the revisions and a list of the revisions including page number(s). This information will be provided to Local Health Departments.	
Page #	Revision
2	Updated Table of Contents
3	Updated Nutrition Services in Kentucky
4	Added Reimbursement for Medical Nutrition Therapy
5-6	Updated Nutrition Services Program Planning
6	Updated Over the Counter Vitamins/Dietary Supplements
7-8	Updated Basic Preventive Health Nutrition-Individual Contact
9	Updated Nutrition Education Materials
10	Updated Basic Nutrition Services Preventative Health-Group Classes
11-12	Updated Referral Guidelines for Medical Nutrition Therapy
13	Updated Medical Nutrition Therapy Documentation Guidelines
14-25	Updated Medical Nutrition Therapy Assessment Forms-Individual Contact
C. INTERIM REVISIONS are revisions due to federal regulation or policy changes, have clinical or billing significance, are necessary for LHD operations, and have an implementation date outside of regularly scheduled revisions.	
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<input type="checkbox"/> Community Nutrition and MNT	<input type="checkbox"/> Breastfeeding Regional Coordinator
<input type="checkbox"/> Financial	

WIC and Nutrition Manual Contact: Fran Hawkins

WIC and Nutrition Section Contact: Nicole Nicholas

Changes in coding: ☐ YES ☒ NO

New abbreviations: ☐ YES ☒ NO If yes, list new abbreviations:

Are other forms/ references affected by changes? ☐ YES ☒ NO If yes, please indicate:

Branch Manager Signature:

Date:

Division Director Signature:

Date:

B. State the justification for the revisions and a list of the revisions including page number(s). This information will be provided to Local Health Departments.

Page #	Revision
2	Updated Table of Contents
5-6	Updated WIC Breastfeeding Peer Counselor Policies and Procedures
18	Added Sample Peer Counselor Job Posting
34	Updated Prenatal Contact Log
35	Updated Breastfeeding Contact Log
38-40	Updated Allowable Costs for Breastfeeding Peer Counselor Funds

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WIC and Nutrition Manual Contact: Fran Hawkins	
WIC and Nutrition Section Contact: Fran Hawkins	
Changes in coding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
New abbreviations: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, list new abbreviations:	
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Page #	Revision
1-126	Revised date to October 1, 2015
24	Under letter G., changed the word "Screen" to "Form." Removed second sentence which said "Revalidation information for each vendor will be stored on the WIC Revalidation Screen."
26	Corrected page numbers on Forms Index.
85	Added Amendment – Kentucky WIC Vendor Agreement (Rev. 7/14)
86-87	Added Amendment – 2014-2015 Kentucky WIC Vendor Agreement (Rev. 5/14)
88	Added Notice of Extension of Kentucky WIC Program Vendor Agreement 07/15
117	Replaced WIC-Approved Foods pamphlet with 2015-2016 version.
125	Updated WIC Revalidation Information "Screen" to "Form" and updated instructions. Added Retention section with instructions to "Retain for three (3) federal fiscal years and destroy by burning or shredding."
126	Replaced WIC Validation Information screenshot with new form.
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WIC and Nutrition Manual Revision Coversheet

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WIC and Nutrition Manual

WIC and Nutrition Section: WIC Farmers Market Nutrition Program (WIC FMNP)

<input type="checkbox"/> WIC Certification and Management	<input type="checkbox"/> Breastfeeding Peer Counselor Program
<input type="checkbox"/> Food Delivery/Data Section	<input type="checkbox"/> Vendor Management
<input type="checkbox"/> Clinical Nutrition	<input checked="" type="checkbox"/> WIC Farmers Market Nutrition Program
<input type="checkbox"/> Community Nutrition and MNT	<input type="checkbox"/> Breastfeeding Regional Coordinator
<input type="checkbox"/> Financial	

WIC and Nutrition Manual Contact: Fran Hawkins

WIC and Nutrition Section Contact: Beverly Salchli

Changes in coding: ☐ YES ☒ NO

New abbreviations: ☐ YES ☒ NO If yes, list new abbreviations:

Are other forms/ references affected by changes? ☐ YES ☒ NO If yes, please indicate:

Branch Manager Signature:

Date:

Division Director Signature:

Date:

B. State the justification for the revisions and a list of the revisions including page number(s). This information will be provided to Local Health Departments.

Page #	Revision
	<u>WIC FMNP Section</u>
4	Additional General Policies have been added.
17	Voided Food Instruments
21	Policies and Procedures for WIC FMNP Food Instrument Revalidation
25	Monthly Count of Unused Food Instruments Inventory
26	Nutrition Education
27	Qualifications for Markets
28	Qualifications for Farmers
29	Policy for New Market Applications
30	Monitoring
	<u>Forms Section</u>
34	Food Instrument Inventory Form
35	WIC FMNP Farmer Training Checklist
37	WIC FMNP Brochures
39	WIC FMNP Eligible Food List – English and Spanish
42	WIC FMNP Market Locations and Dates/Times of Operation
44	Ky Proud Produce Benefits and Availability
47	Examples of Handwritten WIC FMNP Food Instruments and Stubs
53	Kentucky WIC FMNP Program Agreements
60	Kentucky WIC Program Farmers Market Application Form
63	Kentucky WIC FMNP Manual for New Approved Farmers
65	WIC Farmers Market Program Sign
67	WIC FMNP Revalidation Information Form
69	Kentucky WIC FMNP Complaint Form
	<u>Reports</u>
69	Participation Usage Report
71	Farmer Redemption Report

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State implementation date: 7/1/15

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4	Updated description of Regional Breastfeeding Coordinator
4	Updated 833 cost center expense information
5-6	Updated Allowable Costs for Regional Breastfeeding Coordinator (833) funds
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